

POST ACADEMY – Medical Exam Report Juvenile Officer

Applicant's Name:		
Last	First	M. I.
POST ID # 1st 4 Letters of F	irst Name Day of Birth	
To the Applicant: Acceptance to POST Licensed Physician or his designee within or make sure all medical forms are completed the Health Questionnaire (Form BP-8)	ne year prior to the starting date of the thoroughly and signed in the approp	ne Academy. It is <u>your</u> responsibility to riate places. Complete and present
Leave the Health Questionnaire (Form	ո BP-8) with your physician.	
To the examining Physician: The a Corrections/Detention/Probation Officer.	bove named applicant has chosen a	a career as an Idaho Juvenile
(check box) I have reviewed the submit free from any physical, emotional or men	•	,

☐ (check box) The applicant did not provide a completed Health Questionnaire (Form BP-8).

applicant's ability to train or perform the duties of a Juvenile Officer.

A thorough medical examination is required prior to acceptance into the Idaho Juvenile Corrections/Detention/Probation Academy. Officers are **required to participate in vigorous self-defense and physical development exercises** during Academy Training.

likely to infect others in an academy environment or any other condition which might adversely affect the

Acting alone, this applicant must be able to:

Juvenile Corrections/Detention Officers:	Juvenile Probation Officers:
Pursue people on foot	Use defensive tactics
Appropriate Use of Force to restrain another person(s).	Respond to high risk situations
Use restraining devices.	Observation skills
Respond to high risk situations in progress	Conduct office visits
Observation Skills	Perform home visits
Operate emergency radios	Identify drugs and paraphernalia
Verbally negotiate with people	Report physical/sexual abuse
Conduct searches of people and buildings	Conduct searches of people
Interview people	Interview people/Write reports
Assess hazards	Assess hazards
Provide emergency first aid	De-escalate volatile situations

Physical Abilities: Static, dynamic and trunk strength, extension and dynamic flexibility, manual and finger dexterity, arm-hand steadiness, gross body coordination, speed of limb movement and mobility.

Operate: Mechanical tools, computers, and handcuffs.

Work Long Hours: While seated, standing, bending, reaching, pushing, kneeling, pulling, lifting, turning and standing, turning and sitting, crawling, handling and feeling: handle armed people, emotionally disturbed and hostile people and dangerous equipment.

An officer in the Juvenile POST Basic Academy must be free of any communicable disease that would be likely to infect others in an academy/dormitory environment.

PLEASE ANSWER ALL QUESTIONS -- INCOMPLETE FORMS WILL BE RETURNED

PHYSICIAN STATEMENT AFTER EXAMINATION: Please initial the appropriate area:	
I, (or my designee) have examined the above named free of any communicable disease.	applicant to the Idaho Post Academy and find him/her
It is <u>my opinion</u> that the applicant <u>IS</u> Physically Ableoutlined above.	e to perform the full duties required of an officer as
It is <u>my opinion</u> that the applicant <u>IS Not</u> Physically	Able to perform the full duties required of an officer.
It is <i>my opinion</i> that the applicant <i>IS Not <u>NOW</u></i> Phy officer. To become physically able to perform the dution Officer, this person must:	
Signature of Examiner	Date of Exam
Printed Name of Examiner	
IMPORTANT! Type or Stamp Physicians name, add	dress, telephone number in the space below:

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